

Commonwealth of Virginia
Department of Juvenile Justice

Information Security Agreement

As a user of the DJJ distributed computer network, I understand and agree to abide by the following terms that govern my access to and use of the data processing services:

Access has been granted to me by DJJ as a necessary privilege in order to perform authorized job functions for the agency by which I am currently employed. I am prohibited from using or knowingly permitting use of any assigned or entrusted access control mechanisms (such as log-in IDs or passwords) for any purpose other than those required to perform my authorized employment functions;

I will not disclose information concerning any access control mechanism of which I have knowledge unless properly authorized to do so by the Agency Head in writing, and I will not use any access mechanism that has not been expressly assigned to me;

I agree to abide by all applicable DJJ policies, procedures and standards that relate to the security of DJJ computer systems and the data contained therein;

If I observe any incidents of non-compliance with the terms of this agreement, I am responsible for reporting them to the Director of Information Services at (804)786-1606;

By signing this agreement, I hereby certify that I understand the preceding terms and provisions and that I accept the responsibility of adhering to same. I further acknowledge that any infractions of this agreement will result in disciplinary action, including but not limited to the termination of my access privileges.

I have been given a copy of DJJ Policy 02-002.2, "Internet Access and Computer Utilization" and I understand that it is my responsibility to read and abide by this policy, even if I do not agree with it. If I have any questions about the policy, I understand that I need to ask my supervisor or the Human Resource Department for clarification.

If I refuse to sign this certificate of receipt, my supervisor will be asked to initial this form indicating that a copy has been given to me and that this statement has been read to me.

Employee Name (Please print)

Date

Employee Signature

Last 4 digits of SSN

Office Location

Division Name